PAGE 1/5 STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) over the lines. is changed) Invest in a Strong and Secure America - ISSA PAC PO Box 3799 ADDRESS (number and street) (Check if address is changed) Vista 92085 CA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS betty@presleyandassociates.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2012 C00450320 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. **Betty Presley** Type or Print Name of Treasurer Betty Presley [Electronically Filed] 09 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

FEC	C Fo r	rm 1 (Revised 02/2009)	Page 2
TYPE C	OF C	ОММІТТЕЕ	_
Candid	date	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	nplete the candidate
Name of Candida			
Candida Party Af		Office Sought: House Senate President	State CA
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
Name of Candida			
Party (Com	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Politic	al A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its cor	nnected organization is a:
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	und	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
(Comr	mittees Participating in Joint Fundraiser	
1	1.	FEC ID number	
2	2.	FEC ID number	
3	3.	FEC ID number	
۷	4.		

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	FEC Form 1		2/2009)	Page 3
	or Type Comn			
Inv	est in a	a Stror	ng and Secure America - ISSA PAC	
6. Nan	me of Any Co	onnected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leader	ership PAC Sponsor
Darre	ell Issa			
Maili	ing Address		P.O. Box 3799	
IVIAIII	ing Address			
			Vista	;
			CITY STATE	ZIP CODE
Rela	ationship:	Connected	Organization Affiliated Committee Joint Fundraising Representative X	Leadership PAC Sponsor
7. Cus	todian of Re	cords: Iden	ify by name, address (phone number optional) and position of the person in	possession of committee
book	ks and record	S.		
		Betty Presi	ey	
Full	Name		,30151 Tomas	
Mail	ing Address			
			RnchStaMargarita CA 92688	3
Tial -	Desiries		OTTY	710.0005
ritie	or Position		CITY STATE	ZIP CODE
Cu	stodian of Re	cords		858 - 7448
8. Trea any	surer: List th designated a	e name and gent (e.g., a	address (phone number optional) of the treasurer of the committee; and the ssistant treasurer).	name and address of
Full	Name	Betty Presi	ey	
of Tr	easurer			
Maili	ing Address		30151 Tomas	
			RnchStaMargarita CA 92688	
			CITY STATE	ZIP CODE
	or Position easurer			858 7448

Telephone number

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Full Name of Designated Agent	None	
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
safety deposit be	r Depositories: List all banks or other depositories in which the committee deposits funds, holoxes or maintains funds. Depository, etc.	ias decounts, rems
	oxes or maintains funds. Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd	
safety deposit be Name of Bank,	oxes or maintains funds. Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd	ZIP CODE
safety deposit be Name of Bank,	Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd San Marcos CITY STATE	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd San Marcos CITY STATE	
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd San Marcos CITY STATE Depository, etc. Bank of America 1000 Avenida Parkway, Suite 200	
safety deposit be Name of Bank, Mailing Address	Depository, etc. Wells Fargo Bank 1000 W San Marcos Blvd San Marcos CITY STATE Depository, etc. Bank of America 1000 Avenida Parkway, Suite 200	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1G (Revised 06/2011) Page 5 List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Darrell Issa Victory Fund 30151 Tomas Mailing Address Rancho Sta Margarita 92688 CA CITY STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number